

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																					
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>09</td><td></td><td></td><td>18</td><td></td><td></td><td>2016</td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			18			2016			
M	M	/	D	D	/	Y	Y	Y	Y														
09			18			2016																	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>03</td><td></td><td></td><td>23</td><td></td><td></td><td>2016</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	03			23			2016			
M	M	/	D	D	/	Y	Y	Y	Y														
03			23			2016																	
Mailing Address 504 SHAW RD SUITE 206		Amount <table border="1" style="display:inline-table"><tr><td colspan="10">1162.38</td></tr></table>		1162.38																			
1162.38																							
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46232																				
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>03</td><td></td><td></td><td>23</td><td></td><td></td><td>2016</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	03			23			2016			
M	M	/	D	D	/	Y	Y	Y	Y														
03			23			2016																	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"><tr><td colspan="10">2133.48</td></tr></table>	2133.48										Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
2133.48																							

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>03</td><td></td><td></td><td>23</td><td></td><td></td><td>2016</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	03			23			2016			
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Mailing Address 504 SHAW RD SUITE 206		Amount <table border="1" style="display:inline-table"><tr><td colspan="10">1162.39</td></tr></table>		1162.39																			
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City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46233																				
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>03</td><td></td><td></td><td>23</td><td></td><td></td><td>2016</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	03			23			2016			
M	M	/	D	D	/	Y	Y	Y	Y														
03			23			2016																	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"><tr><td colspan="10">2133.49</td></tr></table>	2133.49										Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
2133.49																							

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td colspan="10">2324.77</td></tr></table>	2324.77									
2324.77											
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"><tr><td colspan="10"></td></tr></table>										
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td colspan="10"></td></tr></table>										

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2016			

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.39	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46234
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.50	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.39	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46235
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2324.78
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 22
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.39
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46236 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		1787.50

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46237 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
		1787.50

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2324.77
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 18 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46238
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.50	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46239
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2324.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46240
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.49	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46241
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2324.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 22
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
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Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 1162.38	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46242
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1787.49	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46243
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		850.09	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1666.48
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48

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		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46244
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		850.09	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46245
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1008.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46246
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.10	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46247
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1008.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.11	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46248
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		504.11	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.11	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46249
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.11	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1008.22
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.11	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46250
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.11	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46251
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1008.21
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.11	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46252
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.11	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 504.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46253
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		504.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1008.21
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46254 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
971.10		

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46255 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
971.10		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	242.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46256 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate WILLIAM HURD		Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.11		

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46257 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate MIA LOVE		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.11		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	242.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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(Schedule E)PAGE 14 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46258 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.11		

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46259 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
625.12		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	242.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46260 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.12		

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46261 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.12		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	242.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46262 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate PATRICK JOSEPH TOOMEY		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.11		

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46263 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate TIMOTHY E SCOTT		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
625.12		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	242.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 18 / 2016

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 121.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46264 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate RONALD HAROLD JOHNSON		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		625.11

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.46208 Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate THOMAS EARL JR. EMMER		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		345.99

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	467.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46209
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		345.99	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46210
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	691.98
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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09 / 18 / 2016

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(Schedule E)PAGE 19 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46211
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46212
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	691.98
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

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09 / 18 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46213
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46214
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	691.98
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 346.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46215
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 346.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46216
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2016
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	692.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 22
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 18 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46217
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 346.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46218
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	691.99
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	23468.39

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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